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**TB CARE I**

# **TB CARE I-Nigeria**

**Year 1  
Quarterly Report  
October-December 2011**

**January 30, 2012**

## Quarterly Overview

Reporting Country	Nigeria
Lead Partner	KNCV
Collaborating Partners	FHI, MSH, WHO
Date Report Sent	30 January 2012
From	Emmy van der Grinten
To	Temitayo Odusote
Reporting Period	October-December 2011

Technical Areas	% Completion
1. Universal and Early Access	66%
2. Laboratories	88%
4. PMDT	64%
6. Health Systems Strengthening	78%
7. M&E, OR and Surveillance	80%
Overall work plan	75%

### Most Significant Achievements

An important achievement was that 7 out of 9 GeneXpert machines (including inverter systems) were installed in the selected health facilities. The health facilities were given 120 cartridges each to start testing. In addition all earlier developed training materials, standard operating procedures (SOPs) and recording and reporting forms were printed and distributed to the facilities. The first data are currently being reported. During the quarter the USG Department of Defence (DOD) contacted KNCV to be briefed on the ongoing activities. The materials as developed under TB CARE I were shared for further use in the field. In addition DOD will be invited for the next Country GeneXpert Advisory Team Meeting.

From November 7 till 11 2011 the Regional Kick-off Workshop on APA1 Core Project Patient Centered Approach (PCA) was organized. 19 Participants from Nigeria and Mozambique were in attendance (14 male / 5 female). The Nigerian Country Team selected three tools from the PCA Package. These include the Quote Light Tool, the Patient Charter and the TB Costing Tool. A work plan and budget were prepared by the Country Teams. The next steps are: finalizing the work plan and budget (to be included in APA2 Country Plans), establishing a baseline analysis, submitting proposal for ethical clearance and planning the follow up activities.

KNCV/TB CARE I participated in the end term evaluation of the National TBL Training Institute in Zaria from December 5 - 9 2011. The team (consisting of staff from NTBLTC, Netherlands Leprosy Relief, KNCV and Ahmadu Bello University Zaria) visited the Training Institute and did a desk review and hospital/training institute tour, conducted a field visit to the Kaduna State TBL Control Programme before a Strategic Thinking Session was organized with different stakeholders. The end-term evaluation precedes the development of a new strategic plan for the training institute. The report is currently being finalized. For the Core Project on Capacity Building of CBOs two meetings were held in Ibadan (South West - 7 participants - 4 male / 3 female) and Abuja (North East - 7 participants - all male) in which the workplans and budgets for both mentor and mentees were finalized. In TB CARE I APA2 budget is available for supervisory activities of the different organizations.

During the quarter, Community TB Care meetings were held in Udi, AMAC and Bauchi Local Government Areas. Major issues discussed during these meetings included the review of the Community TB Care activities for the month of October, the need for more advocacy and sensitization of the communities/stakeholders by the CVs/CBOs to create demand for and increase access to CTBC services, and motivation of the Community Volunteers. In addition, mentoring and supervisory visits held in the month of October in Udi and Bauchi LGAs where emphasis was laid on the need for up-to-date documentation in the CBO/CV registers by the engaged CBOs, and the CV/facility registers by facility staff in supported sites. Significant progress was made towards expansion of access to MDR TB diagnosis and treatment as the Phase 1 for upgrade of the MDR TB treatment centers at IDH, Kano was completed. The completed sections include the waiting room, consulting rooms, rest rooms and bathrooms, nurses' station, pediatric ward, male ward, audiometer room, pharmacy, and the praying ground. In the same vein, contractors mobilized enmass to the NIMR Lab to commence renovation and upgrade to BSL-3 Lab. Sub-structure and framework demolition were completed, and external walls, casting, electrical installation, and plumbing works also done.

The 3-day advocacy, sensitization and orientation training for community and religious leaders as well as training of general health workers was conducted in 16 out of the 18 WHO USAID focus states during the quarter under reporting. A total of 388 community and religious leaders and 364 GHWs were orientated from 17 LGAs in 62 communities. The community and religious leaders who participated in the sensitization and orientation training include the pastors, Imams, market women, and the youth leaders.

### Overall work plan implementation status

The implementation status of the work plan is 75%. There are a few partially completed activities: mainly renovations of laboratories and wards by FHI and some printing jobs (the documents have been handed over to the printer but are not yet delivered in the office). Most MDR activities are interlinked: renovations, trainings, technical assistance NIMR, support for surveillance. The status of the MDR activities in country depends partly on the availability of second line drugs. The two consignments of second line drugs (Institute of Human Virology Nigeria and KNCV Tuberculosis Foundation) are expected to arrive in country by the end of January 2012. These consignments were delayed due to the global problems with the supply of Kanamycin/Amikacin. The project will request for the interlinked MDR activities to be shifted to APA2 and will ensure speedy implementation of the other outstanding activities. A partners' meeting to discuss the planning of these activities has been slated for January 30th 2012.

### Technical and administrative challenges

The challenges Nigeria has faced during the quarter under reporting are of social unrest (including bombings), imposed state of emergencies and curfews. The project will discuss the pending activities with the National TBL Training Programme and ensure implementation of the outstanding activities in the coming quarter.

## Quarterly Technical Outcome Report

	2010*	2011**
Number of MDR cases diagnosed	NA	NA
Number of MDR cases put on treatment	23	43

\* January - December 2010 \*\* January - December 2011

Technical Area		1. Universal and Early Access					
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
1.1	Increased TB case notification	TB case notification (new smear positive cases)	44,683	51,800		The Zonal review meetings for data collation will be held Jan 24th- 25th. Data for the year will be reported thereafter.	
1.2	Increased number of TB suspects referred by community volunteers in selected LGAs	Number of TB patients detected through referral by community volunteers in selected LGAs	6,140	8,500		FHI is yet to report on their CV activities for the quarter due to the strike action in Nigeria. The data will be forwarded later	
1.3	Improved quality of health service delivery in focus states	Treatment success rate	78%	82%		To be reported after the zonal review meeting slated for Jan 24th- 25th	











Technical Area		2. Laboratories					
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
2.1	Improved access to diagnosis	Lab coverage (AFB microscopy labs)	1/148,148 (1026 labs)	1/139,437 (1152 labs)		To be reported after the zonal review meeting slated for Jan 24th- 25th	
2.2	Improved quality assurance system for AFB microscopy labs	Percentage of labs performing with >95% concordance	NA	80%		To be reported after the zonal review meeting slated for Jan 24th- 25th	
2.3	Increased access to culture and DST	Lab coverage (culture and DST labs)	1/51,666,666	1/30,400,000		To be reported after the zonal review meeting slated for Jan 25th	




















Technical Area		4. PMDT					
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
4.1	Increased access to MDR diagnosis	Proportion of MDR suspects tested	NA	15%		The national is yet to compile total MDR suspects. DFB during the quarter tested 33 MDR suspects (M=21; F=12)	
4.2	Increased access to MDR Treatment	Proportion of confirmed MDR patients put on treatment	18%	40%		A total of 13 MDR patients were put on treatment by DFB (M=9; F=4)	
4.3	Strengthened PMDT Linkages	Increased of number of MDR suspects referred	NA	1200		DFB referred a total of 33 MDR suspects (M=21; F=12)	















Technical Area		6. Health Systems Strengthening						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
6.1	Improved TB service delivery	Number of TB suspects screened	Number of TB suspects screened	303.130	350,000		To be reported after the zonal review meeting slated for Jan 24th- 25th	
6.2	Improved case notification in model clinics	Percentage increase in TB case notification in the selected model clinics	Percent change in the number of TB cases notified in the current year compared to previous	NA	15%		Evaluation slated for second quarter 2012 (6 months after start implementation).	
6.3	Increased capacity on MOST for TB	Proportion of trained program managers who developed an annual action plan	Total number of trained program managers who developed an annual action plan divided by total number of trained program managers	NA	100%		Activity was cancelled. Savings used for excelleration of implementation e-TB Manager.	























Technical Area		7. M&E, OR and Surveillance						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
7.1	Improved data quality	Proportion of health facilities with accurate data (assessed during semi annual data audit)	Number of facilities with accurate data divided by total number of facilities assessed during semi annual data audit	NA	80%		A meeting was held to collate report but the report is yet to be finalized	

## Quarterly Activity Plan Report













Outcomes	1. Universal and Early Access		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
1.1 Increased TB case notification	1.1.1	Support National PPM Steering Committee (2)	WHO	17,332	 50%	Feb	 2012	The National PPM Steering Committee meeting was held on the 26 September 2011 in Abuja. Participants included representative of key TB partners including the CSOs, Academia, ILEP, the uniformed forces and WHO. Challenges identified include: <ul style="list-style-type: none"> <li>• Belated national PPM guidelines</li> <li>• Inadequate coordination of PPM activities in the states</li> <li>• Non availability of the (HDL) plans in the tertiary health facilities</li> <li>• Lack of linkages between the various PPM steering committees at national and state levels and the central unit of the NTBLCP</li> <li>• Poor implementation of PPM DOTS activities</li> <li>• Weak supervision and monitoring of PPM activities</li> </ul> Resolutions reached include among others: <ul style="list-style-type: none"> <li>• WHO will support the review of the National PPM guidelines</li> <li>• Strengthen the supervision and M&amp;E for PPM activities</li> <li>• Support the implementation of PPM activities in the states</li> </ul> The second meeting was planned to take place in November
	1.1.2	Support State PPM Steering Committees (6)	WHO	58,638	 50%	Mar	 2012	Six meetings for the third quarter took place in the fourth quarter. One meeting occurred in Ebonyi State during the fourth quarter. The other states could not hold their meeting due to time constraints. The resolutions from the meetings are: 1) Draft National PPM Plan should be widely disseminated for remarks 2) The membership of the State PPM Steering Committee should be expanded to include CBOs and tertiary health facilities 3) The NTBLCP to develop samples of signboards on TB Control (to be funded by the states) 4) The NTBLCP to convey the national strategy to diagnose EPTB cases to the National Association of Orthopedic Surgeons of Nigeria.
	1.1.3	Support HDL Meetings (6 hospitals)	WHO	4,810	 25%	Mar	 2012	This activity has been planned to take place in October/November 2011 in the six hospitals. Due to time constraints the State Programme Managers could not assess the funds to hold the meetings during the period under reporting. However the activities have been replanned in collaboration with the NTBLCP in order to take place in the first quarter of 2012
	1.1.4	Develop SOPs for implementation of HDL activities	WHO	4,543	 0%	Feb	 2012	This activity was planned for the 21-24 November 2011 but it could not be held due to time constraints. The activity has been re-scheduled to take place on the 17 February 2012.
	1.1.5	Support salaries WHO Staff	WHO	207,865	 100%	Dec	 2011	Continuous activity.

1.1.6	Support WHO Staff to attend international conference	WHO	15,881	 100%	Oct	 2011	Three WHO TUB Officers were supported to attend the 42nd Union World Conference on Lung Health in Lille, France from the 26-30 October 2011. Some outcomes of the conference include: • Presentations: 1) Leveraging on national partnership to scale up TB-HIV services in Nigeria: lessons from 2006 to 2010 - Dr Omoniyi 2) Cost of accessing TB treatment in a cosmopolitan city: experiences of TB patients in Abuja Hospital - Dr Omoniyi 3) From DOTS to STOP TB strategy in Nigeria: contribution of WHO Nigeria - Dr Awe 4) HCT among TB suspects registered in 2010: lessons from the three highest HIV prevalence states in Nigeria - Dr Oyama 5) Improvement on TB treatment outcome in DOTS implementation during a 15-year period in CRS, Nigeria - Dr Oyama • Support for NTBLCP with organization of side meetings with GDF team, DRS, TB prevalence and GeneXpert MTB/RIF roll-out in Nigeria. • <u>Country experiences and lessons learned on implementation</u>
1.1.7	Advocacy visits to selected states (TB Outreach)	WHO	481	 75%	Mar	 2012	The advocacy visits to 16 out of 18 focus states were conducted to religious and community leaders invited from 5 communities per LGA (18). In addition community dialogue was conducted among the invited leaders on issues of TB Control in their communities. Key outcomes of the discussions were: 1) The leaders requested to be supported to organize community awareness campaigns 2) The leaders pledged to support the trained community volunteers with referrals and patient management 3) The leaders agreed to communicate issues of TB Infection Control such as cough etiquette in worship centres and other gatherings 4) Ensure family and community support to TB patients on treatment.
1.1.8	Sensitization/training community/religious leaders (TB Outreach)	WHO	2,405	 75%	Mar	 2012	Two day sensitization training of community and religious leaders was conducted in 16 out of 18 WHO USAID focus states during the quarter under reporting. A total of 388 community and religious leaders were orientated from 77 communities in 17 LGAs. There is a challenge to breakdown the number of trainees by gender (reports from the states did not include this information). WHO is trying to retrieve the information from the participants lists - to be updated later.
1.1.9	Training GHWs (TB Outreach)	WHO	4,810	 75%	Mar	 2012	One day orientation training of general health workers was conducted in 16 out of the 18 WHO USAID focus states during the quarter under reporting. A total of 364 GHWs were orientated from 77 communities in 17 LGAs.
1.1.10	Develop/print cultural specific IEC materials (TB Outreach)	WHO	6,833	 50%	Feb	 2012	The existing NTBLCP IEC materials were utilized for the TB outreach campaigns. The ACSM tools developed together with the National ACSM guidelines are yet to be printed. See report for activity 6.1.7 below.
1.1.11	Conduct TB Outreach Campaigns	WHO	63,638	 75%	Mar	 2012	TB outreach campaigns took place in 16 out of the 18 WHO USAID focus states. See 1.1.7 above.
1.1.12	Advocacy visits to tertiary institutions (HDL)	WHO	5,543	 25%	Mar	 2012	Advocacy visits conducted to 3 out of 11 selected health facilities.
1.1.13	Conduct HDL workshop in tertiary institutions (HDL)	WHO	3,398	 25%	Mar	 2012	The HDL workshops took place in 3 tertiary as well as big public health facilities during the quarter.
1.1.14	Develop/produce cough signage (HDL)	WHO	550	 75%	Jan	 2012	A prototype cough signage has been developed for WHO supported intensified case finding in health facilities. With WHO TB CARE I funds will be leveraged to produce extra copies of the cough signages for the selected health facilities.
1.1.15	Support HDL Meetings (HDL)	WHO	1,237	 25%	Mar	 2012	The HDL meetings took place in 3 of the 11 tertiary health institutions. The remaining health institutions did not hold their meetings due to time constraints. These meetings have been planned to be held in Q1, 2012.








	<b>1.1.16</b>	Distribution drugs from CMS to Zones to States	KNCV	80,008	 50%	Mar	 2012	Due to prevailing situation in some states, there was an alternative arrangement for the State Control Officers to collect their drugs while GLRA would disburse funds accordingly for this service to the State Programmes. This method was adopted by GLRA for ease of administration, hence there was no physical movement of drugs by GLRA. However for the 7 TLMN supported states, anti-TB medicines and other TBL programme materials were distributed from the Zonal stores to the states stores and health facilities. This activity was supposed to be used as a stop gap. The overall responsibility of distribution of drugs lies with the NTBLCP though many times there are more cycles/requests in between (which this activity is supposed to cover).
	<b>1.1.17</b>	Distribution drugs State-LGA	KNCV		 50%	Mar	 2012	(Savings) See above.
1.2 Increased number of TB suspects referred by community volunteers in selected LGAs	<b>1.2.1</b>	Organize expert meeting to review National CTBC Guidelines/SOPs for referral	WHO	9,620	 100%	Oct	 2011	The expert meeting to review the National CTBC guidelines/SOPs for referral took place from the 4-7 October 2011. The guidelines as well as the SOPs were reviewed and finalized. Partner organizations which participated in the review process include Association of Reproductive and Family Health (ARFH), FHI, National TB Network, AIDS Relief, ILEP, Patient Group, Health Alive Foundation (HAF), National TB and Leprosy Training Centre (NTBLTC), Zaria, WHO and the Central Unit of the NTBLCP and the state TB control programmes. Sixteen (11 males and 5 females) participants took part in the review.
	<b>1.2.2</b>	Print new CTBC Guidelines/SOPs for referral	WHO	16,034	 50%	Mar	 2012	The finalized copies of the CTBC guidelines have been submitted to the National programme for editing and afterwards it will be printed.
	<b>1.2.3</b>	Maintain existing project staff (4LGAs)	FHI	136,937	 100%	Dec	 2011	Ongoing activity.
	<b>1.2.4</b>	Training new staff of CBOs on project management	FHI	13,842	 100%	Jun	 2011	CBOs from the remaining 3 LGAs namely AMAC, Kachia and Bauchi LGA. 33 Participants (16 male / 17 female) were trained on project management. Participants were introduced to key topics aimed at positioning them to manage the CTBC program implementation in their various communities. Sessions covered during the three days included overview of organizational development and CTBC/TBCARE project, team building, work plan development, reporting and documentation, partnership and networking, financial management and budgeting, time management as well as project start up and a session on M&E and reporting tools. knowledge acquired by the participants at the end of the training will position CBO to deliver quality project implementation of CTBC activities in AMAC, Kachia and Bauchi LGAs.
	<b>1.2.5</b>	Support monthly CTBC meetings at LGA level	FHI	15,251	 75%	Mar	 2012	A total of 3 CTBC meetings held in AMAC, Bauchi and Udi LGAs to track program performance and also keep stakeholders at LGA and Community levels abreast of happenings at CTBC sites within the LGAs. Specific issues discussed in Udi LGA included the need for proper hygiene at the health facilities, continued advocacy by the health department to the LGA chairman on prompt payment of CV monthly stipends, and request for greater commitment on the part of the CBOs covering Abor and Umuabi communities. In Bauchi LGA, progress made in the implementation of community TB care in the month of October was discussed; challenges identified included friction between CVs and facility staffs which was resolved. Likewise in AMAC LGA, sustainability of CVs activities by the LGA including prompt payment of the monthly stipends initially proposed by the LGA were discussed.









1.2.6	Support monthly monitoring of CTBC activities in 4 LGAs	FHI	15,251	 75%	Mar	 2012	Two (2) supervisory visits in conjunction with facility staffs and TBLS took place within the quarter in Bauchi and Udi LGAs. The visits centered on provision of quality CTBC services, proper documentation, and update of CBO-CV and facility-CV registers on two major custom indicators - 'TB suspects referred by community volunteers for Tuberculosis diagnosis' and 'TB patients supported on treatment'.
1.2.7	Support agreements with LGAs	FHI	13,514	 100%	Jul	 2011	See previous quarter.
1.2.8	Organize TOT for TB FP of TB Network	KNCV	30,324	 0%	Feb	 2012	The TOT has been discussed with the National Programme. The National Coordinator appointed a Representative from the Civil Society to draft a memo with a proposal in which a Strategic Framework will be developed. The initially developed M&E Framework can be based on this Strategy.
1.2.9	Support CTBC activities PLAN	KNCV	25,824	 100%	Dec	 2011	Activities finalized. Awaiting approval APA2 budget for continuation of activities.
1.2.10	Organize stakeholders meeting to develop M&E Framework for TB Network	KNCV	9,757	 100%	Jul	 2011	The stakeholders meeting to develop M&E framework for TB Network was held from August 18 20 2011 at the NTBLTC Zaria. There were 13 participants (8 male/5 female). The aim of the workshop was to develop an M&E Framework for the TB Network (an Umbrella NGO for CBOs working in TB Control). The meeting was facilitated by the NTBLCP M&E Officer, the TBCARE I TB/HIV Advisor, the TBCARE I Senior M&E Advisor and the Training Director NTBLTC Zaria. The agenda of the meeting entailed the following topics: 1) Presentation NTBLCP M&E Framework 2) Presentation TBCARE I M&E Framework 3) Presentations on the activities of the different organizations associated with the TB Network 4) Identifying reporting and communication lines within the TB Network 5) Production of a zero draft of the M&E Framework. This draft will be shared and finalized by the participants of the meeting. The main observation of the meeting was that there is an urgent need to develop a five-year Strategic Plan for the TB Network which will form the basis of the developed M&E Framework.
1.2.11	Support CTBC referral network	FHI	26,346	 75%	Mar	 2012	During the quarter, identified TB suspects were linked to DOTS facilities within the catchment communities by engaged and trained CVs through the existing network in AMAC, Kachia, Udi and Bauchi LGAs.
1.2.12	Provide logistics for contact tracing and patient tracking (CTBC)	FHI	10,703	 75%	Mar	 2012	Logistics were provided to CVs through CBO on contact tracing and defaulter tracking.
1.2.13	Conduct community dialogue with community and religious leaders (CTBC)	WHO	4,810	 75%	Mar	 2012	Community dialogue was conducted for religious and community leaders during the advocacy visits to the 77 communities in 16 LGAs. The next step is to enlist the support of the community and religious leaders in identifying CBOs/CSOs whose capacity will be build under 1.2.14.
1.2.14	Build capacity of CBOs/CSOs registered with TB Network	WHO	6,963	 0%	Feb	 2012	This activity will take place during this Q1, 2012. Planned with the NTBLCP focal point.
1.2.15	Orientation Community Health Workers	WHO	33,121	 100%	Mar	 2012	See report of activity 1.1.9 above.
1.2.16	QMs community and religious leaders	WHO	14,430	 0%	Mar	 2012	This activity will now take place during this Q1, 2012. Planned with the NTBLCP focal point.










































1.3 Improved quality of health service delivery in focus states	<b>1.3.1</b>	Conduct assessment NTBLCP supervisory system	MSH	31,035	 100%	Jul	 2011	An assessment of the current supervisory system (structure and approaches) of the NTBLCP was conducted at the national, state and LGA levels by a team of four technical officers. The objectives of the assessment was to understand the current supervisory system and identify areas that could be strengthened. The assessment focused on the structure of supervision (levels of supervision, frequency of supervision and supervisory team and supervisees at each level) as well as the supervisory approach (Planning for supervision, Supervision proper and follow-up of supervision). Some of the identified challenges to the current supervisory system include: a. Much emphasis is paid to the supervision of health facilities by national and state level supervisors at the expense of the state and local government TB programmes respectively. b. Post supervision meetings to articulate the outcome of supervisions at the national level are not routine c. Follow up on recommendations/action plans is largely inadequate.d. Mentoring of health workers is not a routine part of the supervision especially at lower levels. e. The supervisory process at the local government levels is not systematic and often lack in details. f. The use of checklists especially at the local government level is not routine.g. The laboratory scientists/technicians are often not routinely supervised by the LGTBLS.
	<b>1.3.2</b>	Develop supervisory framework	MSH	22,852	Cancelled	Dec	 2011	This activity and the next activity were cancelled and the money was reprogrammed to ensure quick implementation of e-TB Manager.
	<b>1.3.3</b>	Orientation key NTBLCP staff on supervisory framework	MSH	90,662	Cancelled	Dec	 2011	See activity 1.3.2
	<b>1.3.4</b>	Support supervision NTBLCP Zonal Coordinators	KNCV	38,919	Cancelled	Dec	 2011	Due to many coinciding supervisory activities this activity has been reprogrammed under KNCV Savings Round 3.
	<b>1.3.5</b>	Organize quarterly supervision coordination meetings	KNCV	26,584	 75%	Mar	 2012	Two meetings were held in the previous quarters. One meeting will be organized in Quarter 1 2012.
	<b>1.3.6</b>	Organize monthly mentoring visits to problem states	KNCV	69,189	 100%	Dec	 2011	The remaining part of the budget was reprogrammed since the activity will continue under TB CARE I APA2 Funding after approval from USAID Washington.
	<b>1.3.7</b>	Specific mentoring Lagos State by GLRA MA	KNCV	12,259	 100%	Dec	 2011	Activity concluded in Q3 of 2011
					 <b>66%</b>			











Outcomes	2. Laboratories		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
2.1 Improved access to diagnosis	2.1.1	High level TA for assessment lab network	KNCV	48,928	100%	Aug	2011	A Lab TA Mission was conducted by Dr. Linda Oskam (Royal Tropical Institute The Netherlands) and Dr. Valentina Anisimova (KNCV Regional Office Kenya) from August 1-12 2011. The TOR for the Mission was as follows: 1) Evaluation Lab Network 2) Review EQA System 3) Review existing National Lab Strategic Plan/Guidelines/SOPs. Most important findings: 1) The existing Lab Network has strong linkages between State and LGA/Facility level. There is insufficient funding to bring the zonal levels up to standard. Additional problems include: staff attrition, stock outs of reagents, lack of maintenance system and insufficient quality of trainings 2) EQA Guidelines for ZN Staining only. EQA is organized between State and LGA/Facility level. There is no routine system in place at zonal/national level: panel testing is being done on an adhoc basis 3) The current National Lab Strategic Plan is not based on a Lab Policy. The most important recommendations were: 1) The Lab Network needs to be strengthened before expansion takes place 2) The NTBLCP to develop a TOR for all level labs - including SNRL 3) To develop a National Training Plan with minimum standard 4) Finalization EQA Guidelines of all techniques 5) Need to develop a Lab Policy/Structured National Lab Strategic
	2.1.2	Renovation of AFB microscopy labs (In collaboration with ILEP (75 labs - see other workplan)	KNCV					See COP Work plan.
	2.1.3	Procurement of microscopes	KNCV	147,453	100%	Aug	2011	A total of 75 microscopes were procured. The microscopes have been distributed to the respective facilities.
	2.1.4	Maintenance of microscopes	KNCV	4,054	Cancelled	Dec	2011	Since no requests were received for maintenance this money was brought forward as savings.
2.2 Improved quality assurance system for AFB microscopy labs	2.2.1	Training on laboratory safely	FHI	18,382	100%	Jul	2011	A 3-day training for laboratory personnel from MDR TB diagnostic sites aiming at acquainting participants with all aspects of biosafety measures required to work in a BSL3 TB culture Laboratory or BSL2 with BSL3 practices TB Culture laboratory was conducted by FHI during the reporting period for 42 (M=15, F=27) participants.
	2.2.2	Training on equipment maintenance	FHI	35,230	100%	Jul	2011	A 3-day training was conducted for 18 biomedical engineers (M=17; F=1) to enhance the skills acquisition of the participants in the care of medical equipments and infrastructure services in line with Planned Preventive Maintenance (PPM) standard operating procedure (SOP). A wide range of laboratory, Hospital equipments and facilities structures maintenances were covered in the training. These include sphygmomanometer, Vacuum Extractor; Suction machine, Microscope, Hospital/Theater Beds, Balances, Water
	2.2.3	Training lab personnel on Good Clinical Lab Practice	FHI	36,675	100%	Jul	2011	A 3-day training aimed at acquainting participants with all aspects of GCLP required to work in a TB laboratory including the TB culture Laboratory was conducted. In all 63 persons were trained (M= 34; F=29). Training modules were delivered through power point presentations. Hands on practical demonstration, exercises and Playlet. Copies of the training package were distributed to the participants.









2.3 Increased access to culture and DST	<b>2.3.1</b>	Support National Lab Technical Working Group	WHO	5,450	 100%	Jul	 2011	The 4th National Lab Technical Working Group meeting took place on the 27 July 2011 in Abuja. Fourteen members of the committee (11 males and 3 females) participated in the meeting. Key outcomes included 1. Setting up of 10-man team to develop a draft of the National guidelines on the strategies for Laboratory Diagnosis of TB in Nigeria. The draft was developed in a workshop supported by external TA from the 1-12 August 2011. 2. Role of the SRL was outlined 3. Challenges in stock management of lab consumables and other logistics were discussed.
	<b>2.3.2</b>	Support quarterly supervision NRLs to ZRLs	WHO	14,018	 0%	Feb	 2012	The activity is planned to place Q1 2012 alongside the JEMM from the 6-13 February 2012.
	<b>2.3.3</b>	Support TA by SNRL	WHO	15,176	 100%	Jul	 2011	The visit of Dr Daniela Cirillo from SRL, Milan to Nigeria National Reference labs took place from 26-28 July 2011. The TA looked at the strengthening the capacity of laboratory network at all levels particularly the development of capacity and proficiency in performing the conventional as well as new WHO endorsed technologies. The programmatic as well as technical functions of the SRL were also explained during the visit.
					 88%			







4. PMDT		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date	
Outcomes					Month	Year		
4.1 Increased access to MDR diagnosis	4.1.1	Upgrade NIMR to BSL-3	FHI	256,611	 50%	Jun	 2012	Contract awarded and contractor mobilised onsite towards completion of project. Demolition of sub-structures and frames done, external walls and roof structures completed. Electrical work and plumbing installation done. Plastering of walls and ceiling, screening of roof slabs, tiling of floors and laying of linoleum done too.
	4.1.2	Procurement GeneXpert and consumables	KNCV	115,428	 100%	Jul	 2011	The 9 machines (5 under country funding and 4 under TBCAP Core project funding) have arrived in country and are awaiting installation based on the site assessment reports of which a summary report is currently being compiled.
	4.1.3	Procurement back up power supply	KNCV	33,784	 75%	Feb	 2012	9 Back up power supply systems (inverters) have been procured. The initial assessment visits to the selected sites (5 with Xpert machine procured with Mission funding / 4 with Xpert machines procured by TBCAP Savings) showed that all facilities needed to be supported with inverter systems in order ensure uninterrupted power supply. The inverters have been installed in 7 facilities prior to the facility based installation of the Xpert machines being accompanied by the training of staff.
	4.1.4	Installation GeneXpert and back up power supply	KNCV	10,135	 75%	Feb	 2012	7 Out of 9 GeneXpert Machines have been installed in the following health facilities: National TBL Training Centre (NTBLTC) Zaria, Nigerian Institute of Medical Research (NIMR) Lagos, Zankli Medical Centre Abuja, Gombe Specialist Hospital, Mainland Hospital Lagos, Benin Central Hospital and St. Francis Hospital Abakaliki. NTBLTC and NIMR, being National Reference Labs serve as supervising institutions. The machines were installed including computers with software, printers for printing the reports and inverter systems for uninterrupted powersupply. The installation was supervised by the KNCV Senior Financial and Admin Officer. All facilities were given 120 cartridges to start testing.The installation in Jericho Hospital Ibadan and the Infectious Disease Hospital Kano will be done in the first quarter of 2012.

	<b>4.1.5</b>	Development SOPs for implementation GeneXpert	KNCV	3,699	 100%	Aug	 2011	During the TA Visit (August 2-13 2011) of Manuela Rehr (Lab Consultant PMU) for the Core Project on Rapid Implementation of GeneXpert the SOPs/training curriculum were developed. The objectives of the meeting were to prepare/finalize the training materials and supporting documents for GeneXpert implementation in Nigeria. 14 Participants (10M/4F) from the following organizations attended the meeting (held at Zankli Medical Center from August 4-6 2011): NTBLCP, NIMR, GLRA, NTBLTC, Zankli, DFB, Oyo State and TBCARE I/WHO. The outcome of the meeting was: (1) Teaching GeneXpert principles (2) Revision of available materials (3) Development curriculum for different level of staff (4) Formation of working groups to further adjust the generic materials. It was decided that the NTBLCP would organize a follow up meeting to finalize training materials and SOPs. The follow up meeting was held at the TBCARE I Office from September 15-16 2011. There were 12 participants (9M/3F) from the following organizations: NTBLCP, NTBLTC, GLRA, NIMR, DFB, Zankli and TBCARE I/WHO. The training curriculum and SOPs were finalized during the meeting. The following decisions were taken during the meeting: (1) A centralized training will be conducted at NTBLTC Zaria (2) Site specific comprehensive training plans have to be developed (3) NIMR/NTBLTC serve as supervisory labs (4) The sensitization training for hospital staff will be 1 day (5) Revision of number of training days for medical laboratory personnel.
	<b>4.1.6</b>	Training/supervision staff on GeneXpert	KNCV	19,784	 75%	Feb	 2012	During the installation process the teams from the National TBL Training Centre (NTBLTC) and the Nigerian Institute of Medical Research (NIMR) trained the facility staff on the use of GeneXpert. The facilitators were accompanied by staff of the National TBL Control Programme. In total 16 participants were trained (7 male / 9 female). Due to the number of available cartridges and the starting phase of the project the facilities were advised to start testing the group of Multi Drug Resistant Tuberculosis suspects.
	<b>4.1.7</b>	Development SOPs/algorithm for sample transport	KNCV	8,649	 100%	Jun	 2011	See previous quarterly report
	<b>4.1.8</b>	Support technical staff	FHI	210,102	 75%	Mar	 2012	Technical assistance was provided by Associate Director TB unit and Lagos FHI team to the Lagos State Government on effective collaboration for MDR TB control
	<b>4.1.9</b>	Printing National MDR Guidelines and TB/HIV materials	KNCV		 100%	Oct	 2011	The National MDR Guidelines (400) and TB/HIV Training Materials (Training materials/Facilitators Guides for TB/HIV Collaborative Activities and HIV Counseling and Testing for DOTS Workers - 1600 in total) have been printed and handed over to the National TBL Control Programme.
	<b>4.1.10</b>	Support NTP with printing of documents (Workers Manual; SOPs on Treatment Supported & Change to 6 mths regimen)	KNCV		 75%	Jan	 2012	The following documents were printed and handed over to the National TBL Control Programme: 1) National Workers Manual (5000) 2) SOPs Switch 6-8 Months Regimen (5000) 3) SOPs Use Treatment Supporter (5000). The printing of the Indicator Reference Booklet and Annual Report 2010 will be finalized in January 2012. The final drafts of the documents have been received by KNCV/TBCARE I.
4.2 Increased access to MDR Treatment	<b>4.2.1</b>	Upgrade MDR Treatment Centre	FHI	200,000	 75%	Mar	 2012	Completion of waiting station, consulting rooms, paediatric and male wards, nursing station, toilets, and praying ground done within the project period.
	<b>4.2.2</b>	Training state program staff on clinical and PMDT	WHO	20,386	 0%	Mar	 2012	Training was put on hold until the DR-TB training materials have been developed.







	<b>4.2.3</b>	Training facility level staff on clinical and PMDT	FHI	15,144	 100%	Sep	 2011	A total of 66 (M=27; F=39) facility staff from Lagos were trained from 10th -12th August 2011 and from Kano were trained from 22nd -24th Sept, 2011 towards implementation using the integrated training curriculum on MDR TB diagnosis and management. Training also included TB Infection Control measures in line with the New Stop TB Initiative launched in 2006 and Stop TB Partnership, which recognizes the need to provide care to all patients affected by both drug susceptible and resistant TB.
	<b>4.2.4</b>	Procurement consumables and tests	FHI	34,459	 25%	Jun	 2012	Procurement process in progress; memo and budget written, waiver received.
	<b>4.2.5</b>	Conduct monthly joint lab/clinical team meetings	FHI	4,522	 0%	Jun	 2012	The meetings can only start after the finalization of the wards and actual admission of patients.
	<b>4.2.6</b>	In service training for staff of receiving health facilities	KNCV	40,000	 50%	Jun	 2011	In quarter 2-3 through DFB, 4 MDR trainings were conducted for TBLS on PMDT; Nurses in MDR treatment sites on Update in clinical Management of MDR; Medical Officers on MDR TB Management Options. The training methodology included PPT presentations; case demonstrations and group discussions. In all, a total of 54 persons were trained (M=13; F=41). The people trained are responsible for treatment of MDR patients in the continuation phase of treatment (after discharge from UCH to clinics closest to their homes).
	<b>4.2.7</b>	Provide high tech consultancy for start of activities NIMR	FHI	19,698	 0%	Jun	 2012	This activity can only start if NIMR is completed. To be shifted to APA2.
	<b>4.2.8</b>	Support movement samples to MDR treatment centers	FHI	3,425	 0%	Jun	 2012	See 4.2.7
	<b>4.2.9</b>	Support movement patients to MDR treatment centers	FHI	9,632	 0%	Jun	 2012	See 4.2.7
	<b>4.2.10</b>	Train GHWs on IC National Guidelines	FHI	24,206	 100%	Jun	 2011	This training was integrated into the facility level staff training on clinical and PMDT.
	<b>4.2.11</b>	Purchase Cycloserine	KNCV	57,005	 100%	Jun	 2011	850 Packs of Cycloserine (100 capsules) were procured through GDF/IDA Foundation after obtaining a pharmaceutical waiver. The goods were delivered in Abuja on June 16th 2011. They were transported to Damien Foundation Ibadan by the clearing agent on June 20th 2011. The goods were procured to replace the expired Cycloserine.
	<b>4.3</b>	Strengthened PMDT Linkages						
	<b>4.3.1</b>	TA to strengthen PMDT linkages	KNCV	46,855	 100%	Nov	 2011	Victor Ombeka (Consultant KNCV Regional Office Kenya) visited the country from December 4 - 9 2011. He provided TA to assist the country to develop a national curriculum for training on Drug Resistant TB (DR-TB) for Programme Officers, Specialists and different cadres of General Health Workers (Including medical officers and nurses). The development process was supported by WHO Afro. Participants (12 - all male) supporting the process came from the following organizations: National TBL Control Programme (NTBLCP), National TBL Training Centre (NTBLTC), KNCV, WHO, FHI, Institute of Human Virology Nigeria and Damien Foundation. The next steps to be taken by the different partners: 1) NTBLCP: dissemination of draft training documents for review, finalization, printing and dissemination of training documents before end of January 2012 2) NTBLTC: to edit the curriculum based on input different partners, to organize a Training of Trainers (TOT) for core facilitators 3) Institute Human Virology Nigeria: support dissemination and training of health workers 4) TB CARE I (KNCV/WHO): provide TA for the overall process
	<b>4.3.2</b>	Provide TA on clinical and PMDT during JIMM/GLC/GDF	WHO	7,588	 100%	Nov	 2011	The GDF mission in Nigeria took place from the 14-18 November 2011. External technical assistance was provided from WHO AFRO and MSH, Dr. Daniel Kibuga and Andy Marsden respectively.
					 64%			





Outcomes	6. Health Systems Strengthening		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
6.1 Improved TB service delivery	6.1.1	Renovations of DOTS clinics	KNCV					GLRA during the quarter renovated a total of 35 health facilities. across nine states of : Akwa Ibom; Bayelsa; Ebonyi; Enugu; Abia; Ogun; Imo; Rivers and ; Ondo states. Imo and Ondo States will still get funds for outstanding 3 and 1 facilities respectively to meet the planned target of 45 facilities.
	6.1.2	Review and update Leadership and Management training	MSH	29,008	 100%	Apr	 2011	A three day workshop involving 10 experts (all males), from National Tuberculosis and Leprosy Training Centre Zaria, MSH, state coordinators, Local government TB supervisors and health workers was held from 16th-18th May in Abuja to review and update leadership and management training materials for LGA supervisors. The purpose of the workshop was to equip TB health professionals at the LGA level with relevant skills that would enable them to effectively manage and achieve targets for TB control in their areas. The output was the development of draft Leadership and management training materials adapted for TB LGA supervisors. The training materials will build the skill of supervisors to: <ul style="list-style-type: none"> <li>• develop and update operational and action plans</li> <li>• monitor project progress using monitoring and evaluation plan</li> <li>• think strategically when overcoming challenges using a</li> </ul>
	6.1.3	Leadership and Management training for program managers	MSH	87,843	 100%	May	 2011	A 3-day training of 20 (11 male / 9 female) local government TB supervisors from Ogun state TB control programme on leadership and mangement was conducted. The overall aim of the training was to develop the skills of TB supervisors in programme management and leadership. Participants were put through the basis of programme planning; programme monitoring, evaluation and data use; motivation and delegation; and supportive supervision, performance appraisal and feedback. The training methodolgy was participatory and included interactive sessions, exercises, role plays and reflection exercises. At the end of the training participants developed annual action plan to be used in the respective local government areas in 2012.
	6.1.4	Expert meeting to review harmonized training materials	WHO	14,201	 100%	Dec	 2011	The expert meeting to develop training modules for PMDT for the National TB programme took place from the 4-9 December 2011. Among the partner organizations which participated in the meeting included the NTBLCP and NTBLTC, DFB, FHI, IHVN and WHO. Twelve participants (all males) took part in the meeting. The activity was supported by TA from KNCV TB CARE 1. Funds were leveraged from WHO AFRO. The next steps will be the printing of the final edited version.
	6.1.5	Print harmonized training materials	WHO	25,196	 0%	Mar	 2012	The finalized copy has been submitted to the NTBLCP for editing. As soon as the edited copy is received it will be sent for
	6.1.6	Meeting to develop HMIS Tools and Database	KNCV	8,649	 0%	Mar	 2012	To be planned. The grant negotiations of Global Fund Round 9 Phase 2 are taking off in March 2012. This activity will be finalized before this and together with the Training Impact Evaluation (TA Requested by the National Coordinator from PMU) will serve as a baseline for these negotiations.

	<b>6.1.7</b>	Meeting to develop ACSM Toolkit and review of National ACSM Guidelines	WHO	14,201	 100%	Sep	 2011	An expert meeting to review the National ACSM guidelines and develop ACSM toolkits took place in De Nevilla hotel in Kaduna from 19-22 September 2011. Among the stakeholders who participated in the meeting were WHO National Professional Officers from the Country office and North East Zone, representatives of partner organizations including SFH, FHI, National TB Network, Winrock International, Patient Support and staff of the NTBLCP from the central unit, the state programme managers of Gombe and FCT and the National TB and Leprosy Training Centre (NTBLTC), Zaria. A total of 15 persons (14 males and 1 female) took part in the meeting. The key outcome of the meeting include: 1) Draft copy of the National ACSM guidelines and toolkits 2) Revised copies of IEC materials 3) Communiqué on the support and implementation of ACSM activities in line with the revised guidelines by all partners.
	<b>6.1.8</b>	Print ACSM Toolkit and National ACSM Guidelines	WHO	4,581	 0%	Mar	 2012	The proposal for the printing has been introduced and this will be handled by the procurement unit of WHO.
	<b>6.1.9</b>	Organize training on website maintenance	KNCV	1,946	 100%	Jul	 2011	Training on website maintenance was held at the KNCV/TBCARE I Office from September 13-14 2011. 3 Participants from NTBLCP/NTBLTC were trained (2M/1F). The development of the NTBLCP website was supported under TB CAP. The topics covered by the training were: (1) Introduction website (2) Administrative access into website (3) Managing users, permission and rules (4) Using registration settings (5) Administering site content. After the training the participants were able to upload documents/update the website.
	<b>6.1.10</b>	Support Control Officers Retreat	KNCV		 100%	Aug	 2011	(Savings) The Control Officers Retreat was held from August 25-26 2011 at Halim Hotel and Towers in Lokoja. 50 Participants (46M/4F) from NTBLCP, NTBLTC, TBCARE I, WHO, ILEP and ARFH attended the meeting. The meeting was organized on request of the Control officers who wanted to have a retreat in which their respective programme performance would undergo a peer review. The objectives of the meeting were: (1) Conduct a critical self analysis of the State Programmes (2) Identify factors hindering effective programme management (3) Identify areas of focus to strengthen partners coordination (4) Discuss challenges of M&E within the NTBLCP (5) Strengthen and enhance relationships within the NTBLCP at all levels. The agenda entailed the following presentations: (1) Being an effective Control Officer (2) Teambuilding (3) Managing finances and accountability (4) Theories of supervision. In addition the Control Officers performed a group SWOT analysis of their respective programmes as well as their preceived lack of support from partner organizations. Participants from other organizations (NTBLCP/NTBLTC/TBCARE I/WHO) held a separate partners meeting in which they reflected on their respective support towards the Control Officers. They also did a gap analysis of the State Programmes. On the last day both groups presented and the outcomes of the discussions were compared. The most important points of attention for Control Officers were: (1) Improve office filing systems (2) Need for effective State Teams (delegation of tasks) (3) Supervision needs to be supportive (proper planning, execution and feedback). Most Important points of attention for partners: (1) Involve Control Officers in planning process (2) Early disbursements of funds (3) Feedback on final quarterly data.









	<b>6.1.11</b>	Support IUATLD Conference, Lille	KNCV		 100%	Oct	 2011	(Savings) KNCV/TBCARE I supported the National Coordinator, the NTBLTC Training Director, the Adamawa State Control Officer and the KNCV Senior M&E Officer (3 male / 1 female) to attend the IUATLD Conference in Lille from October 25-30 2011.
	<b>6.1.12</b>	Support Switch 8-6 months regimen	KNCV		 75%	Mar	 2012	(Savings) The SOPs for the Switch to the 6-months Regimen and Use of Treatment Supporter (5000 each) have been developed (leveraged funding from WHO), printed and distributed. In the budget to support the actual switch money was allocated for on-the-job training at LGA level. The State Teams were informed during the zonal meetings and the Local Government TBL Supervisors were repeatedly informed during the last two quarterly meetings.
	<b>6.1.13</b>	Support Control Officers Meeting	KNCV		 100%	Nov	 2011	(Savings) KNCV/TBCARE I supported the Annual Control Officers Meeting, held in Uyo (Akwa Ibom State) from November 28-30 2011. Funding was leveraged with the Global Fund Support. KNCV/TBCARE I supported the hall rental, lunch, tea breaks as well as DSA for 18 Central Unit Staff. In total 108 (94 male / 14 female) participants attended the meeting. The following organizations were represented: Central Unit, National TBL Training Centre, Control Officers, KNCV, WHO, Association of Reproductive Health, Institute Human Virology Nigeria, FHI, WHO, ILEP Members, USAID, DOD, CDC. During the meeting the following topics were discussed: 1) NTBLCP Programme Performance (TB Casedetecion, Childhood TB, TB/HIV Collaboration) 2) MDR TB 3) Transition to six- months regimen 4) TB Prevalence Survey 5) Leprosy



6.2 Improved case notification in model clinics	<b>6.2.1</b>	Situation analysis on case detection practices in Nigeria	MSH	29,162	 100%	May	 2011	A situational analysis was conducted in 11 health facilities in Abuja, Kogi and Lagos states to assess TB case detection practices within health facilities by 2 teams of 4 persons each (4 females and 4 males). The assessment focused on the organization of health facilities for case detection practices from the reception to the clinic, knowledge and practices of health staff in TB case detection, availability of job aides and tools to assist staff to identify and diagnose TB, and the documentation of TB suspects and patients in the health facilities. The following gaps were found in the support system to TB case detection activities within health facilities : 1) Gaps in knowledge and skills of staff at each department/unit in the pathway of care of a TB case detection (there was little involvement of other staff besides TB clinic in TB case detection activities) 2) Job aides and other tools such as TB algorithms to assist health workers to identify and diagnose TB were lacking in many health facilities 3) Some gaps were identified in recording and reporting TB suspects and patients in different units/departments of health facilities. The output was an assessment report upon which the approach to improved TB case detection, Standard Operating Procedures (SOPs) were developed.
	<b>6.2.2</b>	Consensus building workshop to develop/review SOPs and tools for improved case detection	MSH	122,443	 100%	Jul	 2011	A stakeholders workshop involving 20 participants (5 females and 15 males) was organized in July to review the Standard Operating procedure (SOPs) for improved TB case detection. The objectives of the workshop was to present and discuss findings of the assessment of health facilities for improved case detection, to receive inputs from participants on the Standard Operating Procedures (SOPs) for improving TB case detection, to propose way forward for improved TB case detection and make recommendations to the National TB programme. The SOPs were reviewed by participants who included facility staff and programme managers to produce final draft SOPs.
	<b>6.2.3</b>	Evaluation implementation in pilot sites	MSH	31,035	 75%	Nov	 2011	Piloting of SOPs for improved TB case detection is on-going in 10 facilities in Kano state. 50 health workers (5 health workers from each of the 10 pilot facilities) and 10 TBLS were oriented on SOP intervention for improving TB case detection. An evaluation of the pilot will be conducted in the 2nd quarter of 2012.

	<b>6.2.4</b>	Recruit Senior TB Officer	MSH	22,798	 100%	Dec	 2011	Dr. Rupert Eneogu was recruited for this position and has started working as per July 1st 2011.
6.3 Increased capacity on MOST for TB	<b>6.3.1</b>	Organize MOST for TB workshop for state teams in selected teams	MSH	61,935	Cancelled	Dec	 2011	The savings were used to excellerate the implementation of e-TB Manager.
	<b>6.3.2</b>	Follow up MOST for TB	MSH	42,738	Cancelled	Dec	 2011	See 6.3.1

 78%

		<b>7. M&amp;E, OR and Surveillance</b>		<b>Lead Partner</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Planned Completion</b>		<b>Cumulative Progress and Deliverables up-to-date</b>
<b>Outcomes</b>							<b>Month</b>	<b>Year</b>	
7.1 Improved data quality	<b>7.1.1</b>	Meeting to develop TB Control Indicator Reference Booklet	KNCV	8,649	 100%	Jul	 2011		The meeting to develop the TB indicator reference booklet was held from July 21-23 2011 at Kaduna. 11 Participants attended the workshop (7M/4F). The participants were drawn from the following organizations: NTBLCP, NTBLTC, ARFH (PR GF), IHVN (PR GF MDR), ILEP, WHO and TB CARE I. The objectives of the meeting were: (1) Harmonization of all reportable indicators for the NTBLCP (2) Development of an Indicator Reference Booklet. The next steps are: (1) Finalization of the document (2) Printing and distribution of the document (3) Incorporation into all appropriate training documents.
	<b>7.1.2</b>	Print TB Control Indicator Reference Booklet	KNCV	2,365	 75%	Jan	 2012		The final version of the booklet has been given to the printer. The documents will be delivered by the end of January 2012.
	<b>7.1.3</b>	Conduct semi-annual data audit in selected states	KNCV	48,811	 75%	Mar	 2012		A meeting was conducted in the KNCV Office to streamline the reports of the DQA visits executed with KNCV/TBCARE I Funding. The report is yet to be finalized
	<b>7.1.4</b>	Conduct assesment for introduction e-TB manager	MSH	57,285	 100%	Aug	 2011		A reconnaissance visit to assess the feasibility of introduction of e-TB manager for the management of MDR-TB was conducted from 5th-9th September by Samuel Kinyanjui (MSH consultant). The overall objective of the assessment was to introduce e-TB manager tool to interested parties and assess the feasibility of implementing e-TB manager for MDR-TB case management and second line drug management in Nigeria. Specifically, the assessment was aimed at 1) Explaining and demonstrating the e-TB manager system to NTBLCP, USAID and other key partners, 2) Determining the needs of the NTBLCP for the utilization of the e-TB manager tool 3) Assessing the available resources (human, material and financial) for the implementation of e-TB manager toll for DR-TB 4) Determining the necessary steps and timelines for the implementation of e-Tb manager in Nigeria. A total of 28 participants 7 females and 21 males from 11 organizations (NTBLCP, WHO, IHVN, FHI, ARF, DFB, CMS, NTBLTC, KNCV, STBLOs of Oyo & FCT and MSH). At the end of the mission it was concluded that most of the resources required for the implementation of e-TB manager are available in Nigeria, and if the key challenges of power and internet connectivitiy are addressed, e-TB manager implementation is possible in Nigeria. The NTBLCP agreed to implement e-TB manager as a pilot in the MDR-TB centres in the country. A customisation of the e-TB manager tool for Nigeria will be carried out before the end of

	<b>7.1.5</b>	Prepare implementation plan for the introduction of e-TB manager in year 2	MSH	12,684	50%	Mar	2012	<p>Technical assistance was provided by two MSH consultants for the adaptation of e-TB manager to the programmatic needs of the NTBLCP with regards to the management of DR-TB from 12th to 20th December, 2011. The Specific objectives include;</p> <ol style="list-style-type: none"> <li>1. Discuss with the NTP and key stake holders, identify and define the data collection sets/fields that need revision or re-design to meet the country's DR-TB surveillance and control data needs.</li> <li>2. Define the e-TB manager implementation protocol for Nigeria (customization plan, pilot testing, training, support plan, long term sustainability/ownership) procedures and timelines.</li> <li>3. Define roles and responsibilities of key stakeholders, project teams and local support team in conjunction to the implementation plan for Nigeria.</li> </ol> <p>During the adaptation, a 3-day workshop involving 26 participants (22 males and 4 females) from different organisations including, NTBLCP, MSH, KNCV, WHO, IHVN, FHI, DFB, DR-TB hospitals and laboratories, was conducted to define all the e-TB manager customizations field in the Nigeria e-TB Manager workspace. some outcome of the technical assistance include; 1. E-TB manager implementation plan for Nigeria agreed upon by both the NTP and key stakeholders, with clearly defined roles &amp; responsibilities and time frame (e-TB Manager Technical Working Group); 2. A detailed list of areas of the e-TB manager that require to be changed (revised, deleted, or expanded) to make the e-TB manager Nigeria work space suitable for the country's needs.</p> <ol style="list-style-type: none"> <li>3. Defined e-TB Manager implementation plan; customization list, pilot testing, system adjustments/debug (post-pilot) and scale activities to cover the four MDR-TB treatment sites and</li> </ol>
					80%			

8. Drug supply and management		Lead Partner	Approved Budget	Cumulative Completion	Planned Month	Planned Year	Cumulative Progress and Deliverables up-to-date
8.1.1	Purchase Rifabutin (200 patients)	KNCV		<div><div></div></div> 75%	Mar	<div><div></div></div> 2012	(Savings) 560 Packs (30 capsules) Rifabutin were ordered from IDA Foundation Amsterdam. The expected date of delivery is March 2012. After delivery a stakeholders meeting with USG Implementing Partners will be called for to organize distribution to USG Care and Treatment sites. The Rifabutin will be sufficient to treat 200 dually infected patients, who are on
8.1.2	LGATBLS Course Lagos State	KNCV		Postponed	Feb	<div><div></div></div> 2012	(Savings) The date of approval of the savings was too late for the LGATBLS (4) to join the course in November 2012. The next LGATBLS Course will now take place in January/February 2012.
				<div><div></div></div> 75%			

## Quarterly Activity Plan Modifications

Request for Cancellation or Discontinuation of Activities										
Approved By (write dates)			Old Code	1. Universal and Early Activities from the Work Plan	Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed Budget*
Mission	PMU	USAID								
27.04.2011	27.04.2011	29.04.2011	Staffing and Operations	Office Rent	KNCV	41,878	1.1.17	Drug distribution State - LGA	KNCV	30,960
27.04.2011	27.04.2011	29.04.2012	2.1.3	Procurement of microscopes	KNCV	46,150	4.2.11	Purchase Cycloserine	KNCV	57,005
18.06.2011	Jul-11	21.07.2011	1.3.5	Quarterly supervision coordination meeting	KNCV	4,768	0.0.3	Office needs per month	KNCV	8,478
18.06.2011	Jul-11	21.07.2011	1.3.5	Quarterly supervision coordination meeting	KNCV	4,548	0.0.3	Field office support	KNCV	3,667
18.06.2011	Jul-11	21.07.2011	1.3.6	Organize monthly mentoring visits	KNCV	17,297	4.1.9	Printing documents	KNCV	8,667
18.06.2011	Jul-11	21.07.2011	7.1.5	Conduct semi annual data audit	KNCV	24,406	6.1.10	Control Officers Retreat	KNCV	28,019
18.06.2011	Jul-11	21.07.2011	0.0.3	Local staff salaries	KNCV	9,341	0.0.3	Furnishing office NC	KNCV	11,507
28.09.2011	29.09.2011	06.10.2011	1.2.10	Development M&E Framework	KNCV	2,061	See 6.1.13			
28.09.2011	29.09.2011	06.10.2011	1.3.4	Supervision NTBLCZ Zonal Coordinators	KNCV	38,919	4.1.10	Printing documents	KNCV	38,999
28.09.2011	29.09.2011	06.10.2011	1.3.5	Quarterly supervision coordination meeting	KNCV	3,455	6.1.13	LGATBLS Course Lagos	KNCV	6,667
28.09.2011	29.09.2011	06.10.2011	1.3.6	Organize monthly mentoring visits	KNCV	35,406	8.1.1	Switch over to 6 months regimen	KNCV	30,960
28.09.2011	29.09.2011	06.10.2011	2.1.4	Maintenance of microscopes	KNCV	4,054	6.1.11	Support IUATLD Conference Lille	KNCV	19,857
28.09.2011	29.09.2011	06.10.2011	4.1.7	Develop SOPs for sample transport	KNCV	2,190				
28.09.2011	29.09.2011	06.10.2011	6.1.10	Control Officers Retreat	KNCV	9,569				
28.09.2011	29.09.2011	06.10.2011	7.1.1	Development Indicator Reference Booklet	KNCV	3,519				
28.09.2011	29.09.2011	06.10.2011	7.1.3	Semi annual data audit	KNCV	12,497	6.1.12	Support CO Meeting	KNCV	19,893
28.09.2011	29.09.2011	06.10.2011	0.0.3	Backstopping HQ	KNCV	29,083	8.1.2	Purchase Rifabutin	KNCV	24,293

Request for Postponement of Activities to Next Year						
Approved By (write dates)			Old Code	1. Universal and Early	Lead Partner	Remaining Budget
Mission	PMU	USAID		Activities from the Work Plan		
TBCARE I Nigeria has received an overall no cost extension for all partners.						

Request for Adding New Activities to the Current Work Plan						
Approved By (write dates)			New Code	1. Universal and Early	Lead Partner	Proposed Budget*
Mission	PMU	USAID		Proposed New Activities		

\* Detailed budget is attached

## Quarterly GeneXpert Report

Country	Nigeria	Period	October-December 2011
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**Table 1: GeneXpert instruments and cartridges procured or planned by quarter**

	Procured			# still planned for procurement in APA 2	Month, Year procurement planned (i.e. April 2012)
	Jan-Sep 2011	Oct-Dec 2011	Jan-Dec 2011		
# GeneXpert Instruments	9	0	9	5	Apr-12
# Cartridges	1200	6400	7600	7500	May-12

**Table 2: Cumulative List of GeneXpert Instruments Procured to Date or Planned in the Next Quarter**

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Instrument	# of Modules (1, 2, 4, or 16)	Location(s) (facility name & city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) <sup>1</sup>	Partner/ Implementing Organization; Additional Comments
Procured	1	4	NIMR Lagos	TBCAP USAID	PMU
Procured	2	4	NTBLTC Zaria	TBCAP USAID	PMU
Procured	3	4	Mainland Hospital Lagos	TBCAP USAID	PMU
Procured	4	4	Central Hospital Benin	TBCAP USAID	PMU
Procured	5	4	St. Francis Hospital Abakaliki	FY11 USAID	KNCV
Procured	6	4	Gombe Specialist Hospital	FY11 USAID	KNCV
Procured	7	4	Zankli Medical Centre	FY11 USAID	KNCV
Procured	8	4	Jericho Chest Hospital Ibadan	FY11 USAID	KNCV (to be installed)
Procured	9	4	Infectious Disease Hospital Kano	FY11 USAID	KNCV (to be installed)

<sup>1</sup> Differentiating between PEPFAR and USAID-funded is important. If it is PEPFAR funded, specify the fiscal year (i.e. FY2011).						

**Table 3: Cumulative Xpert MTB/RIF Cartridges Procured to Date or Planned for Next Quarter**

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Order #	# of Cartridges*	Location(s) (facility name and city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) <sup>1</sup>	Comments
Procured	1	1000		FY11 USAID	
Procured	2	200		TBCAP USAID	
Procured	3	6400		TBCAP USAID	The consignment was split in 2 batches: 3520 and 2880. The first batch has arrived in country.
Procured	4	7500		FY11 USAID	
*There are 10 cartridges per kit, but we need the total # of <b>cartridges</b> (not kits)					

Any additional information/clarifications to the above (optional)

Nigeria was selected for the Pilot Project on Rapid Expansion of GeneXpert implementation and as such the efforts of the country were combined with support from PMU. In total 9 machines were procured. Till date 7 machines have been installed. The remaining 2 machines will be installed in the first quarter of 2012.

Please provide a brief description of any significant problems encountered in use of the GeneXpert machine(s) and Xpert MTB/RIF cartridges

From the site assessments it became obvious that all sites needed to be supported with an inverter system for uninterrupted power supply. Initially the PMU (TB CAP savings) budget did not allocate money for this. However the country budget was sufficient to ensure that all nine sites were given inverter systems. The supplier was also responsible for installation of the

sufficient to ensure that all nine sites were given inverter systems. The supplier was also responsible for installation of the inverters. In addition to the inverter systems provision had to be made for 9 printers to enable the labs to print out the results of the tests. The main reason for delaying the installation of the GeneXpert machines was the fact that the new consignments of MDR drugs (IHVN/PMU TBCAP) are expected to arrive by the end of January 2012.

Please describe technical assistance or evaluation of implementation activities performed and planned.

Two TA visits were conducted by consultants from PMU. The first visit was done in May 2011 (Maarten van Cleeff, Manuela Rehr, Sanne van Kampen). During this visit the pilot project was presented and Country GeneXpert Advisory Team was established. The second visit took place in August 2011 (Manuela Rehr). During this visit the generic training materials as provided by Cepheid